

CERTIFICATE OF AMENDMENT DOMESTIC STATUTORY TRUST

Office of the Secretary of the State

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space for Office Use Only	Filing Fee: \$60.00	Make Checks Payable To "Secretary of the State"
1. NAME OF STATUTORY TRUST:		
2. THE DATE OF FILING OF THE ORIGINAL CERTIFICATE OF TRUST: ____/____/____		
3. THE CERTIFICATE OF TRUST IS (choose one of the following):		
<input type="checkbox"/> Amended		
<input type="checkbox"/> Amended and Restated (Please set forth amendments below and attach restated certificate)		
<input type="checkbox"/> Restated (Please attach restated certificate)		
4. TEXT OF EACH AMENDMENT:		
<div style="text-align: center;">5. EXECUTION BY TRUSTEE:</div> <div style="text-align: center; margin-top: 20px;">Dated this _____ day of _____, 20_____.</div>		
Type or print name of signing trustee	Signature	

Reference an 8 1/2 X 11 attachment if additional space is required